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State Elected Officials Financial Disclosure W.S. 9-13-101 through 109

This form can be accessed on the Secretary of State's Website at: http://soswy.state.wy.us/Forms/Ethics/ElectedOfficialsEthicsDisclosureForm.pdf

In accordance with W.S. 9-13-101 - 109, each of the state's five elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the Secretary of State. This includes elected officials and legislators who have not sought re-election but have served in an elected position during the previous filing period.

The financial disclosure form shall contain information current as of January 15th of each year.

As prescribed in W.S. 9-13-108(b), forms may be submitted by electronically by facsimile transmission at (307) 777.7640, or by e-mail to: **elections@wyo.gov**.

Anyone violating the provisions of the Government Ethics Act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00). W.S. 9-13-109(a).

Violation of any provision of the Government Ethics Act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position. W.S. 9-13-109(b).

FILING DEADLINE:

January 31st of each year

FILING OFFICE:

Secretary of State's Office - Election Division

2020 Carey Ave., Ste 600 Cheyenne, WY 82002

RECEIVED

E-mail: elections@wyo.gov

Fax: (307) 777.7640

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WYOMING SECRETARY OF STATE

State Elected Official Financial Disclosure Form

Name of Official:	Wyatt Agar			
Office Held:	Senate District			
	Senate District (if applicable):			
	House District (if applicable):			
Business Address: 3292 Grass Creek Rd				
Business City, State and Zip: Thermopolis, WY 82443				
Business Phone:	(307) 921-8825			
Home Address:	Same			
Home City, State ar	nd Zip:			
Home Phone:	(307) 867-2404			

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

a)	List the offices held in business enter	rprises. This includes partnerships. Name and Address of Enterprise
	Office Held Partner	Durhin Creek Ronch
		3292 Grass CReek Rd Theremopolis, WY 82443
		Theremopolis, Wy 82443
b)	List any directorship positions held	
	Name of Enterprise	Address of Enterprise
c)	Salaried Employment	
,	Job Title	Name and Address of Enterprise

II. Sources of Income

(Please use additional sheets as necessary.)

a)	Employment Name of Employer	Address of Employer
b)	business interest (W.S. 9-13-108 (c) st	addresses of all business entities in which you have a tates: "Name and address of all business entities but ent (10%) of the entity is owned, or sole proprietorship
	Name of Business Entity	Address of Business Entity
c)	Investments	Income Earned
	A. Any security or interest earnings	Yes No
	B. Real estate, leases, royalties	Yes No
d)	Other (describe generally):	
On t	his day of	,2019 , I affirm that the preceding
	mation is accurate.	Signature